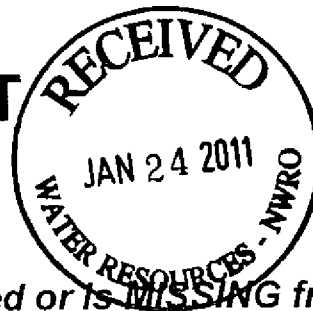




WATER WELL REPORT FOR AN EXISTING WELL



INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other		Unique Ecology Well ID Tag No. <u>AGA942</u>																	
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>202</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input type="checkbox"/> No Property Owner Name <u>Twin View Estates Community Assoc</u>																	
CONSTRUCTION DETAILS Liner installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Well Street Address <u>Classic Road and Junco Road</u> City <u>Greenbank</u> County: <u>Island</u> Tax Parcel No. <u>S9325-00-0000A-0</u>																	
Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs <u> </u> in. by <u> </u> in. and no. of perfs <u> </u> from <u> </u> ft to <u> </u> ft.		LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec. <u>29</u> Twn <u>30N</u> R <u>2E</u>																	
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's name <u>Johnson Electric</u> Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam. <u>8</u> Slot Size <u>0.02</u> from <u>197</u> ft. to <u>202</u> ft.		EWM or WWM Circle one <table border="1"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table>		D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A																
E	F	G	H																
M	L	K	J																
N	P	Q	R																
Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Materials paced from <u> </u> ft to <u> </u> ft.		This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.																	
Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth <u> </u> ft Materials used if known: <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>3606249</u> Long Deg <u>122</u> Long Min/Sec <u>3448393</u>																	
PUMP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name <u>Franklin Electric</u> Type: <u>submersible</u> H.P. <u>2</u>		<input checked="" type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
WATER LEVELS: Land-surface elevation above mean sea level <u>447</u> ft. Static Level <u>171</u> ft. below top of casing Date measured <u>24 July 1966</u> Artesian pressure <u> </u> lbs. per square inch Date measured <u> </u> Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Information, if available: <input checked="" type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <u>24 Aug 1983</u> Yield: <u>22</u> gal./min. with <u>20</u> ft. drawdown after <u>4</u> hrs.																			

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☐ Other

Name Nij Sherman

Signature Nij Sherman

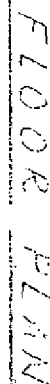
Driller License No. County Health Department

Date Signed 20 January 2011

Drilling Company James L. Bell

Address of person completing this form:

PO Box 5000
 City, State, Zip Coupenille, WA 98239-5000



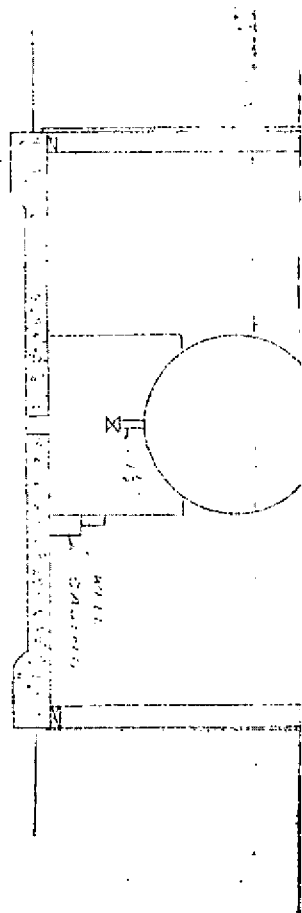
44

STATE DEPT. OF HEALTH
ENGINEERING DIVISION
N. W. 4th. St.
3rd Floor

Mr. C. A. Whapley
17434-3
17434-3

N. W. Book - 150
2000 Series -

DATE: 4/13/67 DWG. NO. 67-14



Island County Public Health Department

P.O. Box 5000 • Coupeville, WA 98239-5000
(360) 679-7350 • So. Whidbey 321-5111 x7350 • Camano 629-4522 x7350

Date: December 16, 2010

RE: INCOMPLETE INFORMATION ON
APPLICATION FOR:

☒ SITE EVALUATION

SR#2010-283

☐ SEWAGE DISPOSAL PERMIT

☐ ASBUILT

TO: Dave Crimmins

PARCEL#: S6175-00-02004-0

We are unable to process the referenced application as submitted. Your paperwork is being returned for information and/or action as noted below:

- ☐ Water system not identified.
- ☐ Water system not registered with Island County Health Department.
- ☐ Legal description omitted (parcel number).
- ☐ Soil log information incomplete or omitted (this information to be taken from Site Registration Sheet and noted on application)
- ☐ Certification unsigned by owner, engineer, or installer.
- ☐ Provide a plot plan accurate to scale and complete, including:

☒ Other:

1. A repair permit has not been submitted along with the \$572.00 fee for an alternative repair/site registration fee.
2. If a conforming repair is proposed a winter perc is required.

Further Questions?

☒ Please contact Health Department: Susan Wagner, Environmental Health Specialist
1-360-678-7918

☐ Please contact Health Department Water Specialist:

NOTE TO APPLICANT: Carl Larsen

We are unable to process the application submitted by your designer/professional engineer. We have returned the application so that your designer/professional engineer can provide the

WATER WELL REPORT

State of Washington

IC Site ID: 8T6

Unique Well ID

Start Card:

AGA942

Water Right: G1-26420

1) OWNER: Name: Twin View Estates (E.J. Investments, Inc)

Address: 12924 40th Place N.E. Seattle WA

2) LOCATION OF WELL: Island: Whidbey

Township/Range-Section: 30N/02E-29H

Parcel Number: S8325-00-0000A-0

2a) Well Address 757 E CLASSIC RD

PWS-ID: 900323

Source: I

PWS-Name: Twin View Estates Community Assoc

3) PROPOSED USE:

4) TYPE OF WORK: Owner's Well Number (if more than one): 1

Method:

(5) DIMENSIONS: Diameter of Well: 8 inches.

Drilled: 202 feet Depth of Completed Well: 202 ft.

(6) CONSTRUCTION DETAILS:

Casing Installed: Diam. (in) from to (ft)
8 0 197

Screens: Type Zone Diam Slot from to (ft)
1 8 0.02 197 202

Surface seal:
Material: To depth: ft.

(7) PUMP:

Type: Submersible Horsepower:

(8) WATER LEVELS: 5 Land-surface elevation (MSL): 449.3 ft.

AvgWL Elevation: 278 Calc'd Elev: 449 ft.

Earliest Level: 171.00 ft. below toc Date: 7/24/1966

Lastest Level: 170.38 ft. below toc Date: 10/4/2001 2:32:00 PM

Average Level: 171.50 ft. below toc Average Date: 3/15/1989

(9) WELL TESTS:

Type	Yield	Drawdown	After	Date
Pump	22 gpm	20 feet	4 hours	8/24/1983
Pump	15 gpm	14 feet	8 hours	

(10) WELL LOG DESCRIPTION:

Material	From BGS	From MSL	Thick
Topsoil	0	449	1
Brown semi-hardpan, surface water	1	448	7
Brown sand & gravel, small amount of water	8	441	8
Brown sand & gravel, small amount of clay	16	433	23
Brown sand & clay	39	410	96
Brown clay	135	314	13
Brown cemented gravel	148	301	14
Brown clay with sand & gravel, water at 178'	162	287	16
Brown sand & gravel & clay, water bearing	178	271	24
TD	202	247	

Work Completed: 7/24/1966

TD Elev: 247 ft. MSL

WELL CONSTRUCTOR CERTIFICATION:

Name: Unknown

Address:

Contractor's

Registration Number:

Remarks: Well log from ws file. 2/28/08 no 1966 well log in ws file. Pump cavitated when discharge rate set to 25 GPM. 2514

Location Source:

North: 391581

Latitd: 48 3.606249

DGPS

East: 1574498

Longit: 122 34.48393

Max CL: 26

Generated by the Island County

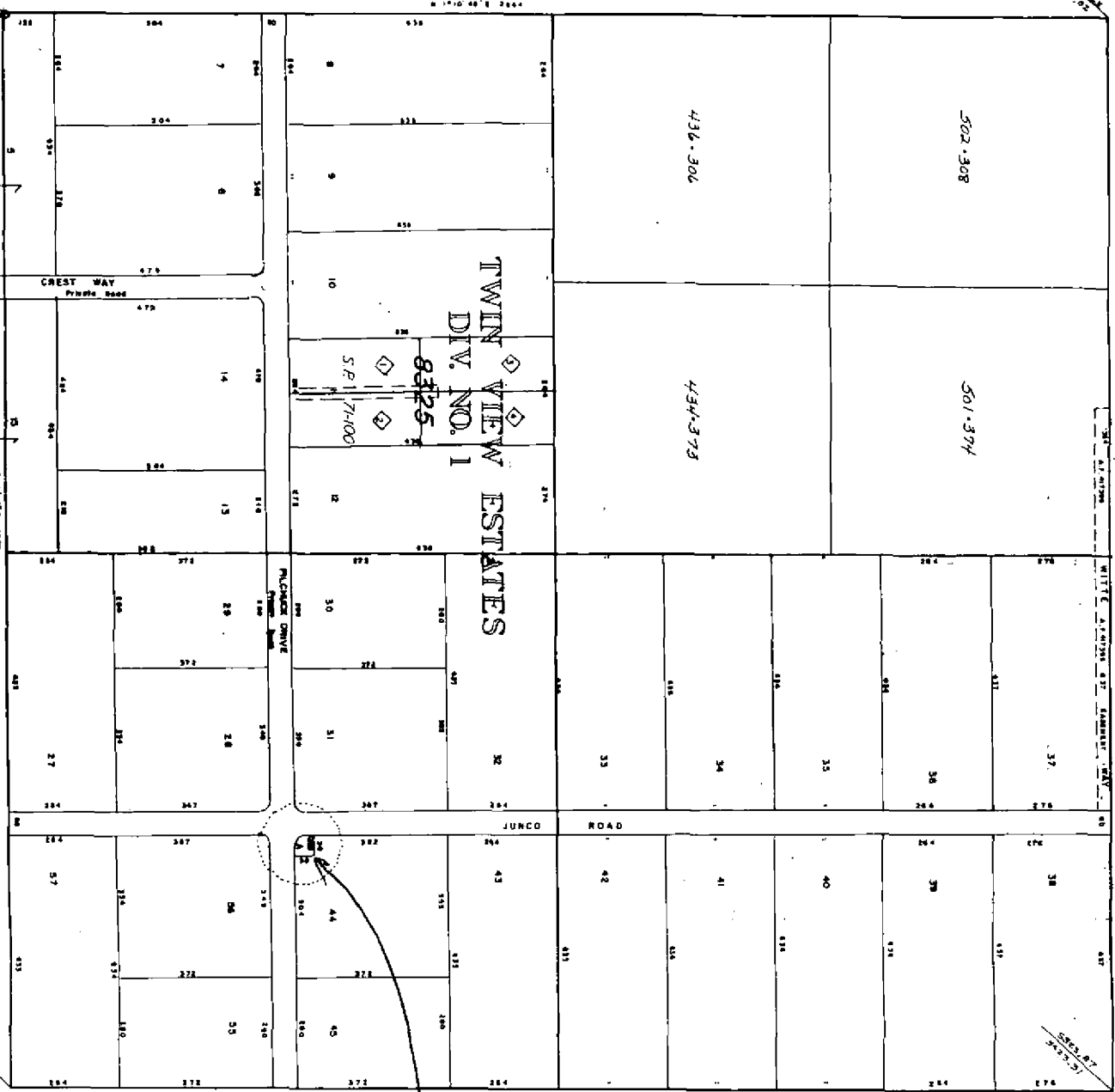
Max NO3: 1.5

Hydrogeologic Database: 1/20/2011

Disclaimer: Data presented has been collected from a variety of sources.
Island County makes no guarantee as to the validity or accuracy of this data.
Please report any errors to the Island County Hydrogeologist

NE 1/4, Sec. 29, Twp. 30 N, R. 2 E, W. M.

DO NOT USE AS A LEGAL DOCUMENT
ACCURACY NOT GUARANTEED



A28

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.